

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER	
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1					51				
2					52				
3					53				
4					54				
5					55				
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44					94				
45					95				
46					96				
47					97				
48					98				
49					99				
50					100				
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

